

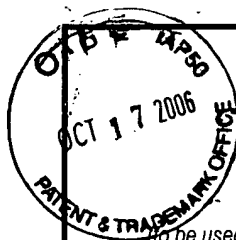
Please type a plus sign (+) inside this box ☐

+

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/990,441
		Filing Date	NOVEMBER 16, 2001
		First Named Inventor	LUC DESNOYERS
		Group/Art Unit	1647
		Examiner Name	HAMUD, FOZIA M.
Total Number of Pages in This Submission	34	Attorney Docket Number	39780-2730 P1C47

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>FEE TRANSMITTAL FORM</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Copy of an Assignment <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> <b>COMBINED DECLARATION AND POWER OF ATTORNEY (7 SETS)</b> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> <b>REQUEST PURSUANT TO 37 C.F.R. §1.48(a), CORRECTION OF INVENTORSHIP IN A PATENT APPLICATION, OTHER THAN A REISSUE APPLICATION</b> <input checked="" type="checkbox"/> <b>ADDITIONAL ENCLOSURE(S) (PLEASE IDENTIFY BELOW):</b> <input checked="" type="checkbox"/> <b>CORRECTION OF INVENTORSHIP UNDER 37 C.F.R. §1.48(a); STATEMENT OF OMITTED INVENTOR UNDER 37 C.F.R. §1.48(a)(2); and STAMPED RETURN POSTCARD</b>
<div>Remarks</div> <p><b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39780-2730 P1C47.</b></p>		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	HELLER EHRMAN LLP		DAPHNE REDDY (Reg. No. 53,507)	
	275 Middlefield Road, Menlo Park, California 94025		Telephone: (650) 324-7000	Facsimile: (650) 324-0638
Signature	<i>Daphne Reddy</i>			
Date	OCTOBER 17, 2006	Customer Number:	35489	

## CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: **MAIL STOP**, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on this date: **OCTOBER 17, 2006**

Express Mail Label **EV 766 021 671 US**

Typed or printed name	C. FONG		
Signature	<i>C.F.</i>	Date	OCTOBER 17, 2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.